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| SERIAL NUMBER<br>10/639,557 | FILING DATE<br>08/12/2003<br><br>RULE | CLASS<br>166 | GROUP ART UNIT<br>3672 | ATTORNEY DOCKET NO.<br>104-30396 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/405,272 08/22/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/08/2003

|  |   |                                |                        |                       |                            |
|--|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u> | STATE OR<br>COUNTRY<br>ECUADOR | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>4 |
|--|---|--------------------------------|------------------------|-----------------------|----------------------------|

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## TITLE

Well pump capsule

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>906 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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